

Foster Family Home - Corrective Action Report

Provider ID: 1-190074

Home Name: Maricel L. Cristobal, CNA

Review ID: 1-190074-1

1723 Perry Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 9/27/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a new 2 person CCFFH certification made on 9/27/19. Corrective Action Report issued during home inspection with all items due to CTA by 10/27/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home

Client Care and Services

[11-800-43]

43.(a) The home shall care for not more than three adults at any one time who are unrelated to the foster family, or if certified by the department for three beds; shall care for not more than three adults, pursuant to the requirements under section 321-481, HRS.

Comment:

43.(a) - Current CCFFH has 3 clients. New CCFFH can only have 2 clients.

David Ayling
Compliance Manager

Maricel Cristobal
Primary Care Giver

9/27/19
Date

9/27/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Mari-cel L. Cristobal

CCFFH Address: 1723 Perry St Honolulu, Hi. 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
43.6)	The current PGG has transferred one of the clients, so now there is only 2 clients.	10/26/19	I will only have the number of clients that I'm approved for in my CCFFH.

Primary Caregiver's Signature: Mari-cel L. Cristobal

Print Name: MARICEL L. CRISTOBAL

Date of Signature: 10/26/19